

OFFICIAL USE ONLY

P23SECURE (3-019) Security Plan

Attachment 3

P23SECURE USER VALIDATION FORM

Group:_____

Mail Stop:_____

Telephone Number:_____

Tech Area:_____ Building:_____ Room No._____

Name: _____

Z Number:_____

Classified E-Mail Address:_____

I understand that this request involves the use of Government-owned hardware, programs, and data, that I am responsible for the account and password issued and that any unauthorized access of P23SECURE LAN computer resources should be reported immediately to the P23SECURE ISSO, P23SECURE System Administrator, or the P-23 Group Leader. I have read the "Rules of Use" for the P23SECURE LAN and agree to abide by them. I understand that any non-government use is forbidden by law. I have the required Sigma 1 thru Sigma 13. All my required training is current.

Requester (signature)_____ Date:_____

The above named requester has a need to do classified computing at the SRD level and a need-to-know in common with P23SECURE users. If this need is modified or no longer required, immediate notification (within 5 working days) by the requester's line management will be given to the P23SECURE ISSO.

Requester's Line Manager (signature)_____ Date:_____

P-23 Group Leader (signature)_____ Date:_____

P23SECURE System Administrator Use Only

Users System:_____

Username:_____

New User Briefing was received:_____ Date:_____

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